Monitoring local level implementation of Health in All Policies in Finland

Health in All Policies: an approach for a Healthy future - webinar,

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Content

1) Key elements of HiAP in Finland lay in legislation
2) Monitoring the HiAP implementation on local level – health promotion benchmarking system, TEAviisari
3) Lessons learned

Legal framework for HiAP in Finland is strong

Constitution 19 §, 1999

"*The public authorities shall guarantee for everyone, as provided in more detail by an Act, adequate social, health and medical services and* ***promote the health of the population***."

Local government Act 1 §, 2015

"Municipalities shall strive to ***promote wellbeing of their residents****"*

Health Care Act 1326/2010

Health and social services reform 2023

Act on Organizing Healthcare and Social Welfare Services 612/2021

Specific obligations, tasks for local and regional authorities

6 § Promotion of health and wellbeing in **municipalities**

7 § Promotion of health and wellbeing in **wellbeing services counties**

Tasks and obligations for HiAP on local level are set in legislation*

1) Objectives and measures

- ✓ In the strategic planning, the objectives for the promotion of health and wellbeing of the inhabitants must be set
- ✓ Measures to achieve the strategic objectives need to be identified

2) Responsibilities and co-operation

- ✓ Body that is responsible for the promotion of health and wellbeing of the inhabitants needs to be appointed.
- ✓ Obligation for co-operation between administrative sectors, with other local actors, private enterprise and NGO's

*Act on Organizing Healthcare and Social Welfare Services 2021

Tasks and obligations for HiAP on local level are set in legislation*

3) Impact assessment (prospective)

- ✓ Decision making – impacts of the decisions on the health and wellbeing of the inhabitants must be considered

4) Monitoring and reporting

- ✓ Yearly a short report, once in four year a comprehensive report on status of health and wellbeing by population groups, factors influencing the health and wellbeing and measures conducted -> given to the council (municipalities / wellbeing services counties)

5) Cooperation between Municipalities and Wellbeing services counties

- ✓ have the obligation to cooperate with each other and support one other with their expertise

*Act on Organizing Healthcare and Social Welfare Services 2021

Checklist of operational characteristics and outcomes of HiAP approaches (Box 5, pp 16-17)

Box 5. Checklist of operational characteristics and outcomes of HiAP approaches

Inputs

Governance

- ~~Existence of endorsement at the political level of explicit HiAP approach or multisectoral action that could advance addressing SDH~~.
- Existence of formal or informal multisectoral coordination mechanism specific to SDH, health equity and broad HiAP; or integrated with other issues (e.g. noncommunicable diseases, antimicrobial resistance, One Health, COVID-19).
- ~~Existence of national policy or strategy specific to HiAP or SDH~~.
- ~~Existence of national health plans that embed and mention HiAP or multisectoral action~~.
- Existence of priorities in addressing SDH for advancing equity.

~~Finance~~

- ~~Resources allocated or mapped to HiAP through separate or integrated budget lines.~~
- ~~Government spending on HiAP as percentage of government health spending~~.
- ~~Source of spending~~.

Health workforce

- Number of dedicated full time equivalent personnel working on HiAP or multisectoral

~~Monitoring and evaluation~~

- ~~Existence of system to capture best practices, lessons learnt and innovation related to HiAP~~.

Processes

- Occasional or ongoing regular collaboration to address one issue or social determinant or multiple issues or determinants with a single partner or multiple partners.
- Existence of multisectoral and multistakeholder mechanisms with clearly defined roles and functions.
- ~~Interventions at community level in support of HiAP.~~

Outputs

- ~~Frequency of meetings of multisectoral and multistakeholder coordination mechanism.~~
- ~~Representation (types, seniority, numbers) of ministries or departments involved in multisectoral and multistakeholder coordination mechanism.~~
- Other stakeholders and sectors involved in multisectoral coordination mechanism.
- Inclusion of health considerations in the work, policies and programmes of non-health ministries, independent of health sector input.
- ~~Improved community perception, knowledge and access to information on HiAP approaches.~~

Outcomes

- Existence of reporting structures or accountability measures that address policies impacting on determinants of health.
- ~~Level of engagement with different types of sectors as a result of collaborative work, indicating level of engagement of economic, home affairs/interior/local government, labour, finance, and infrastructure ministries, compared with social sector ministries~~.
- ~~Characterization of the problem of inequity explicitly framed in terms of SDH (essential conditions for health – good-quality and accessible health services; income security and social protection; decent living conditions; social and human capital; decent work and employment conditions)~~.

Impact at policy level

- ~~Improved public policies aligned to evidence on SDH~~.
- Systematized mechanisms for HiAP implementation.
- ~~Improved outcomes for other policy sectors (co-benefits)~~.
- Improved equity in health or in SDH.

“Has the implementation of HiAP been successful in Finland?”

How to collect data indicating success of local level HiAP implementation?

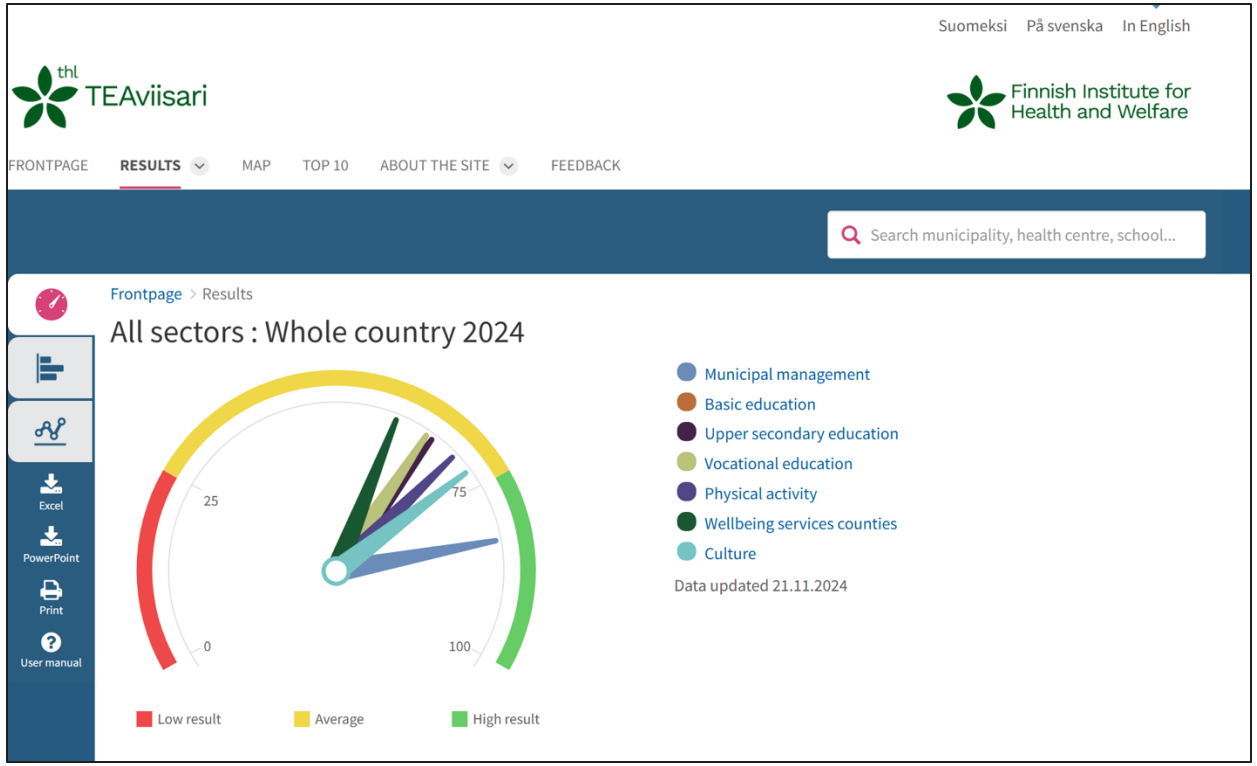
TEAviisari – a system for benchmarking health promotion capacity building

The key is to measure and assess
health promotion capacity and activity
of an organization
in a comparable way
across sectors of the local government

➡ Database for monitoring the HiAP implementation

TEAviisari - Generic framework

- Based on literature on health promotion capacity-building, quality management and organizational theories
- Seven dimensions under which sector specific indicators are built:
    1. **Commitment** of the organization to the promotion of population health
    2. **Management** of health promotion
    3. Population health **monitoring**, **needs assessment** and **evaluation**
    4. **Resources** for health promotion
    5. **Common working practices**
    6. **Public participation**/partnership in the planning and evaluation of health promotion services
    7. Other **core health promotion functions**

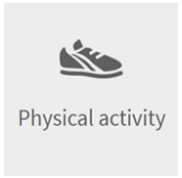


www.teaviisari.fi/en

Datasets - collected biennially

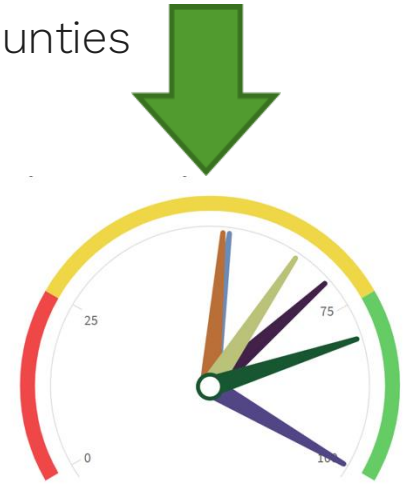
Primary health care
- 2008: 191 (83 %) health centres
- 2010: 155 (89 %)
- 2012: 158 (100 %)
- 2014: 154 (99 %)
- 2016: 152 (96 %)
- 2018: 142 (97 %)
- 2020: 120 (90%)
- 2022: 123 (93 %)
- 2024: 22 (100%) wellbeing services counties

Promotion of physical activity
- 2010: 268 (79 %) municipalities
- 2012: 230 (68 %)
- 2014: 249 (78 %)
- 2016: 271 (91 %)
- 2018: 282 (96 %)
- 2020: 286 (97%)
- 2022: 288 (98 %)
- 2024: 289 (99%)



Municipal management
- 2011: 195 (58 %) municipalities
- 2013: 214 (67 %)
- 2015: 250 (79 %)
- 2017: 270 (92 %)
- 2019: 273 (93 %)
- 2021: 271 (92%)
- 2023: 288 (98%)

Over 800 indicators

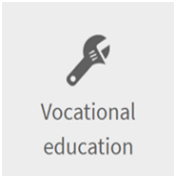


+ national registers

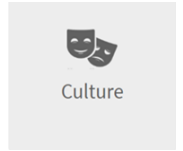
Comprehensive education
- 2009: 1803 (63 %) schools
- 2011: 2078 (73 %)
- 2013: 2023 (74 %)
- 2015: 2013 (80 %)
- 2017: 2335 (88 %)
- 2019: 2057 (91 %)
- 2021: 1868 (86 %)
- 2023: 1930 (93%)

Upper secondary education
- 2012: 343 (86 %) schools
- 2014: 323 (82 %)
- 2016: 335 (90 %)
- 2018: 343 (94 %)
- 2020: 345 (95%)
- 2022: 328 (92%)

Vocational education
- 2012: 158 (92 %) schools
- 2014: 133 (90 %) schools
- 2016: 317 (90 %) units
- 2018: 303 (76 %) units
- 2020: 336 (96%) units
- 2022: 319 (88%) units



Culture
- 2019: 283 (96 %) municipalities
- 2021: 279 (95%)
- 2023: 290 (99%)



To what extent HiAP implementation has been successful?

SOURCE

QUESTION

16. Does your municipality have a working group for health promotion?

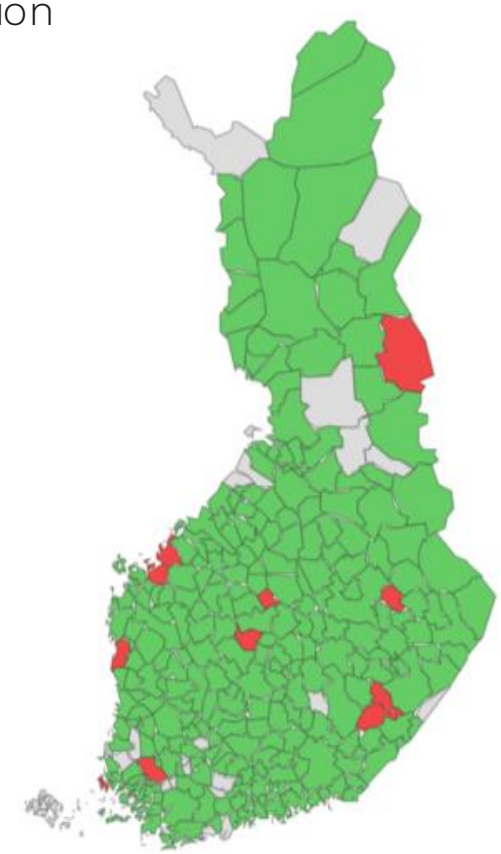
Score	Response
0 points	No working group
100 points	Cross-sectoral working group
100 points	The (extended) municipal management group
100 points	Regional welfare team
100 points	Other group

DATA COLLECTION

DATA COLLECTION FOR MUNICIPAL MANAGEMENT on the promotion of population health and welfare 2021

	%
2023	98
2021	95
2019	97
2017	96
2015	92
2013	63
2011	24

Multisectoral group for health promotion



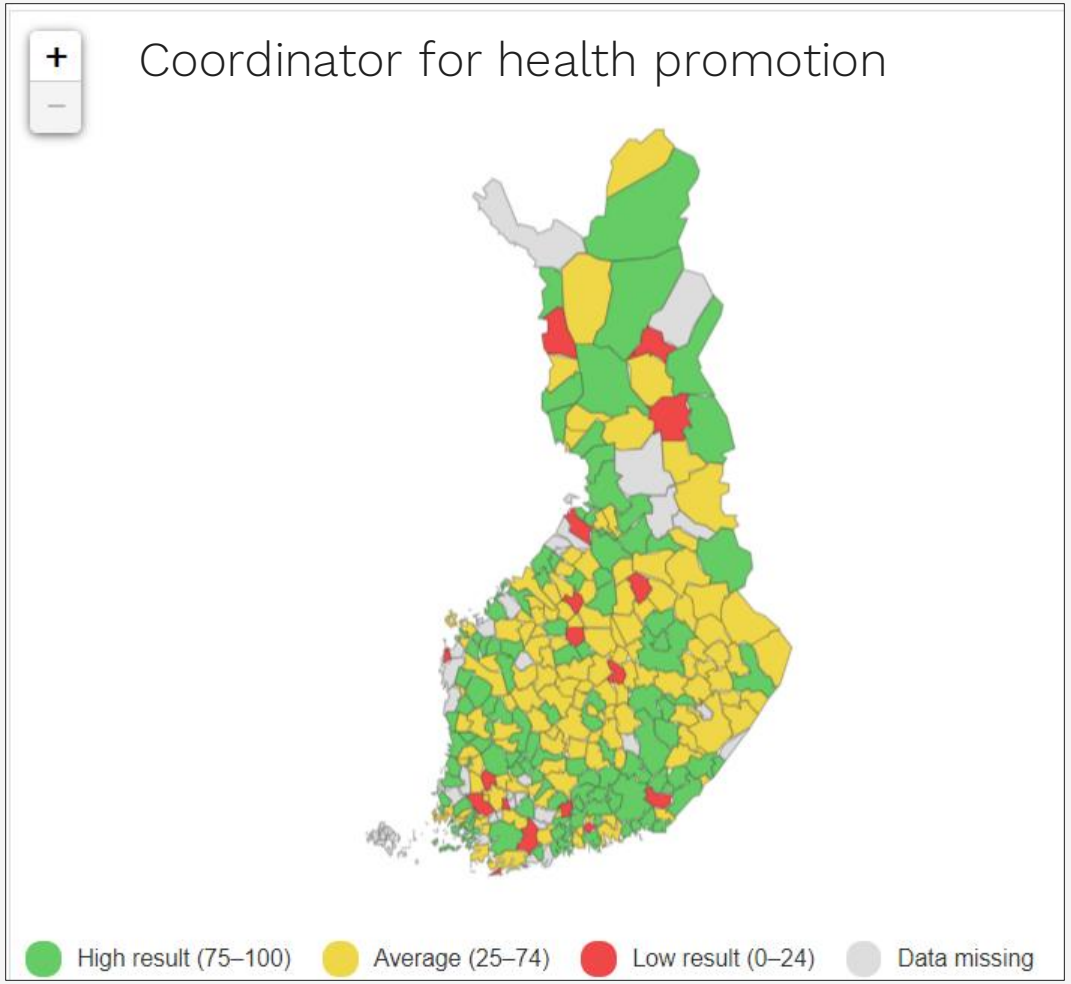
To what extent HiAP implementation has been successful?

SOURCE

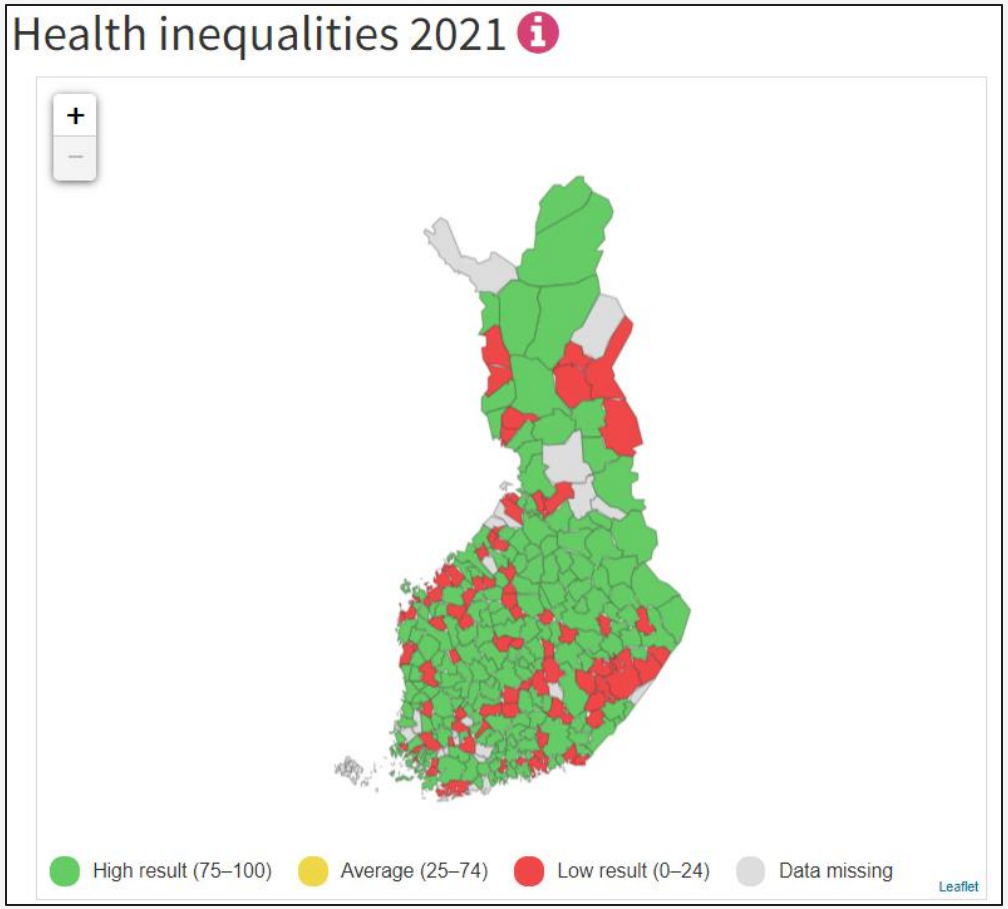
QUESTION

26. How large contribution does the welfare coordinator, planning officer or similar have in welfare and health promotion in your municipality?

Score	Response
0 points	Not at all
50 points	0.01-0.29 man-years/10000 inhabitants
100 points	0.3 man-years or more / 10000 inhabitants
100 points	More than one full-time professional



To what extent HiAP implementation has been successful?



SOURCE

QUESTION

23. Did the **management group** discuss the following changes in population health and welfare or their determinants during 2020? Health inequalities

Score	Response
0 points	No
100 points	Yes

Lessons learned

1) It is possible to collect comparable data indicating how well the key elements of HiAP have been implemented
2) Publishing relevant, interpreted information online
   - serves local decision-makers in assessment and planning
   - makes municipal actions transparent to the residents
   - provides information for national-level policy-making, also enabling the assessment of law enforcement
3) Monitoring the progress and publishing the results in online benchmarking system facilitates HiAP implementation – peer learning and pressure

Thank you!

Further reading and sources:

- Ståhl T & Koivusalo M (2020) Health in All Policies - concept, purpose & implementation in Haring et al. (eds.) Handbook of Global Health. Springer Nature.
- Saaristo V, Hakamäki P, Koskinen H, Wiss K & Ståhl T. (2020) The comparative and objective measurement of health promotion capacity-building: from conceptual framework to operationalization. Global Health Promotion 27 (1): 24-32.
- Ståhl T (2018) Health in All Policies: From rhetoric to implementation and evaluation – the Finnish experience. Scandinavian Journal of Public Health, 46 (Suppl 20): 38–46.
- Tang KC, Ståhl T, Bettcher D, and De Leeuw E. (2014) The Eighth Global Conference on Health Promotion: Health in All Policies: From Rhetoric to Action, Health Promot. Int. 29 (suppl 1): i1-i8
- The Helsinki Statement on Health in All Policies - The 8th Global Conference on Health Promotion, Helsinki, Finland, 10-14 June 2013
- Health in All Policies: Seizing Opportunities, Implementing Policies. Edited by Kimmo Leppo, Eeva Ollila, Sebastián Peña; Matthias Wismar, Sarah Cook. Ministry of Social Affairs and Health, Finland, 2013.
- Intersectoral Governance for Health in All Policies. Structures, actions and experiences. Edited by David V. McQueen, Matthias Wismar, Vivian Lin, Catherine M. Jones and Maggie Davies, Observatory Studies Series No.26, 2(
- Puska P & Ståhl T (2010) Health in All Policies—The Finnish Initiative: Background, Principles, and Current Issues. Annual Review of Public Health 2010. 31:27.1–27.14.
- Ståhl, T., Wismar, M., Ollila, E., Lahtinen, E. & Leppo (eds.). Health in All Policies: Prospects and potential. Helsinki, Finland, Ministry of Health and Social Affairs, 2006.